



OFFICE OF THE STATE CHIEF MEDICAL EXAMINER

DEPARTMENT OF HEALTH, ANDREW JOHNSON TOWER, 7th FL

710 JAMES ROBERTSON PKWY, NASHVILLE, TN 37243

FAX: 615-401-2532 EMAIL: OSCME.ROI@TN.GOV

Case Number: 17020

Report of Medicolegal Death Investigation

DEMOGRAPHIC INFORMATION						
County of Death	Last Name	First Name	Middle	Race	Age	Sex
Roane	Williams	Sarah	Joyce	White	90yr	Female
Residential Address		City	County	State	Zip	
401 West Ridgecrest		Kingston	Roane	TN	37763	
INDICATION FOR MEDICAL EXAMINER INVESTIGATION						
Type of Death: <input type="checkbox"/> Violence or Trauma <input type="checkbox"/> Suddenly when in apparent health <input type="checkbox"/> Prisoner or person in state custody <input type="checkbox"/> On the job or related to employment <input type="checkbox"/> Threat to public health <input type="checkbox"/> Suspected abuse/neglect of extended care resident <input type="checkbox"/> Identity is unknown or unclear <input type="checkbox"/> Suspicious/unusual/unnatural manner <input checked="" type="checkbox"/> Found dead <input checked="" type="checkbox"/> Cremation request <input type="checkbox"/> Sudden unexpected death of infants/children (USE SUIDI/SUDC) <input type="checkbox"/> Jurisdiction Declined (Skip to Narrative Summary)						
IDENTIFICATION OF BODY						
Preliminary <input type="checkbox"/>	Viewing <input checked="" type="checkbox"/>	<input type="checkbox"/> Need Scientific Identification		Dentist:		
Positive <input checked="" type="checkbox"/>	Photograph <input type="checkbox"/>	Will need dental records, antemortem x-rays.		Dentist #:	()	
If by viewing, viewed by:						
Name:	Sharon Harvey		Relationship:	Daughter		Is decedent known to have fingerprints on file?
Address:	401 West Ridgecrest, Kingston, TN 37763		Phone #:	(865) 376-6276		<input type="checkbox"/> Yes <input type="checkbox"/> No
INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY						
Date of Birth:	12/19/1926		Marital Status:	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		
History of Domestic Violence:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Occupation: Type of Work	Store Owner		Industry: Retail N/A <input type="checkbox"/>
Body Temperature:	<input type="checkbox"/> Cold <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Refrigerated <input type="checkbox"/> Other:		Decomposition	<input type="checkbox"/> Early <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> None		
Rigor Mortis:	<input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		'0' = Absent, '3' = Full	JAIL/POLICE CUSTODY	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Blood/Froth:	<input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears <input type="checkbox"/> Clothing <input checked="" type="checkbox"/> None <input type="checkbox"/> Color:		Livor Mortis:	<input checked="" type="checkbox"/> Absent <input type="checkbox"/> Blanchable		
Other: (Dirt, water etc.):	<input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears			<input checked="" type="checkbox"/> None <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior		
INFORMATION ABOUT OCCURRENCE						
ITEM	DATE	TIME	LOCATION	COUNTY	TYPE OF PREMISES <small>(House, Trailer, Apt, Farm, Roadway, Hospital, etc.)</small>	
INJURY OR ONSET OF ILLNESS			(Where: Address) (By whom: Name & Phone Number)			
LAST KNOWN TO BE ALIVE	01/26/2017	0104	(Where: Address) 401 West Ridgecrest, Kingston, TN 37763 (By whom: Name & Phone Number) Sharon Harvey	Roane	House	
FOUND DEAD	01/26/2017	0104	(Where: Address) 401 West Ridgecrest, Kingston, TN 37763 (By whom: Name & Phone Number) Sharon Harvey	Roane	House	
POLICE NOTIFIED			POLICE AGENCY: N/A--HOSPICE Patient	INVESTIGATOR/PHONE NUMBER:		
EMS TRANSPORT TO E.R.		Arrive	HOSPITAL:	BLOOD, URINE obtained in Emergency Room <input type="checkbox"/> Yes <input type="checkbox"/> No (Obtain admission blood/urine & send with the body.)		
DEATH (PRONOUNCED)	01/26/2017	0149	(By Whom/Where: Name & Address) Thomas Boduch MD ME--on scene	TOXICOLOGY Ordered: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, specimen site: (Do not draw toxicology if sending for autopsy.)		

MEANS OF DEATH (Agency or Object) – IF OTHER THAN NATURAL

<input type="checkbox"/>	MOTOR VEHICLE INVOLVED	<input type="checkbox"/> Driver (If known) <input type="checkbox"/> Passenger (If known) <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other	<input type="checkbox"/> Lap Belt Used <input type="checkbox"/> Shoulder Belt Used <input type="checkbox"/> Helmet <input type="checkbox"/> Child Restraint	<input type="checkbox"/> Hit-Run <input type="checkbox"/> Air Bag Deployed <input type="checkbox"/> Other	<input type="checkbox"/> Passenger Car <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle	<input type="checkbox"/> Farm Vehicle <input type="checkbox"/> Train <input type="checkbox"/> ATV <input type="checkbox"/> Other:						
<input type="checkbox"/>	GUN	<input type="checkbox"/> Rifle – Cal. <input type="checkbox"/> Handgun – Cal. <input type="checkbox"/> Shotgun – Cal. <input type="checkbox"/> Unknown Type	<input type="checkbox"/>	OTHER INSTRUMENT:	<input type="checkbox"/> Blunt <input type="checkbox"/> Sharp <input type="checkbox"/> Unknown	<input type="checkbox"/>	SURGICALLY TREATED:	<input type="checkbox"/> Yes: <input checked="" type="checkbox"/> No	<input type="checkbox"/>	DRUG, POISON, CHEMICAL (Suspected)	<input type="checkbox"/> Alcohol <input type="checkbox"/> Other Drug, Poison, or Chemical: <input type="checkbox"/> Unknown	<input type="checkbox"/> Ingested <input type="checkbox"/> Injected <input type="checkbox"/> Inhaled <input type="checkbox"/> Topical <input type="checkbox"/> Unknown

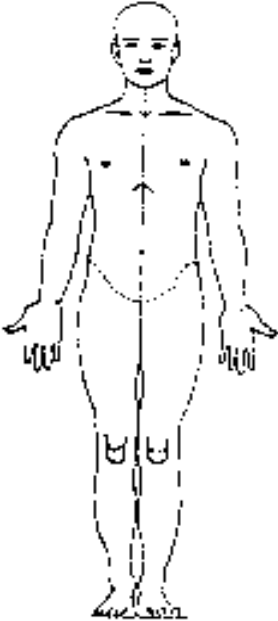
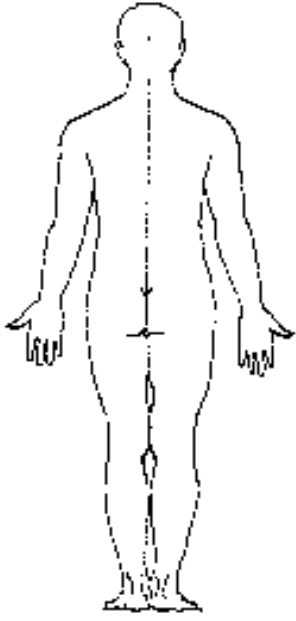
MEDICAL HISTORY

CONDITION: <input type="checkbox"/> Alcoholism <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Drug Abuse <input checked="" type="checkbox"/> Lung Disease <input type="checkbox"/> Fractures <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure <input type="checkbox"/> Recent Fall/Injury <input type="checkbox"/> Other:	FAMILY PHYSICIAN – DOCTOR: Thomas Boduch MD ADDRESS: 314 East Spring St., Kingston, TN 37763 PHONE #: 865-376-1212 MEDICATIONS (Please use attached Medication Log)
--	--

NEXT OF KIN Address and Phone #:	Frank Williams Jr.
--	---------------------------

FUNERAL HOME Address and Phone #:	Fraker Funeral Home, 1445 Kingston Highway, Kingston, TN 37763 865-717-7727
---	--

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add Sheet if Needed):

	<p><u>Decedent was a regular patient in my practice. In early December 2016, she presented to Ft. Sanders Hospital with a large malignant right sided pleural effusion. Testing was consistent with a likely lung neoplasm. Decedent refused further testing or treatment and opted for in home hospice care. She had 2 other admissions for a recurrent effusion. On 12/26/2016 a PleurX catheter was placed. Decedent was cared for at home by her family (daughter Sharon was primary caregiver) and COVENANT Hospice. History of past Tobacco Use.</u></p> <p><u>MEDICATIONS: Tussionex, Lorcet, Morphone, Atropine, Ativan, Trazodone, Citalopram, Spiriva, Albuterol & Advair.</u></p> <p><u>House in order. Decedent lying on hospital bed with adequate supplies. Elderly husband in a separate bed in same room. Enroute 0132; 10-97 0149; 10-98 0212; 12 miles.</u></p>	
--	---	--

Body Viewed by Medical Examiner or Medicolegal Death Investigator: Yes No

CAUSE AND MANNER OF DEATH

Presumed Cause of Death: Lung Cancer (2 months)	Date: 01/26/2017	<input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING
---	----------------------------	---

I hereby declare that after receiving notice of death described herein, I took charge of the body and made inquiries regarding the cause of death in accordance with Section 38-7-109 Tennessee Code Annotated and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

Medical Examiner/Investigator: Thomas Boduch MD	Physician Responsible for Death Certificate: Thomas Boduch MD
---	---

The accompanying body of Sarah Williams is the subject of an investigation by the medical examiner. In accordance with Tennessee Code Annotated 38-7-106, I am ordering an autopsy upon the body.

Order for Autopsy: Yes No

Was served to the next of kin on _____ at _____

Was unable to locate the next of kin by a diligent search and inquiry.

Authorizing Signature of Medical Examiner or Delegated Investigator: _____